New York State Department of Health

2001-02 EDITION

covering data reported
through December 1999

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New York State Department of Health
Bureau of HIV/AIDS Epidemiology
Empire State Plaza
Albany, NY 12237

Additional and related information is also available from the New York State Department of Health Web site on the Internet: http://www.health.state.ny.us.

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AIDS
IN NEW YORK STATE
2001-2002 EDITION

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State of New York
Department of Health

Introduction

AIDS in New York State provides a wide range of statistical information on the HIV/AIDS epidemic in New York State based largely on data collected by the New York State Department of Health. It highlights findings from epidemiologic studies, surveillance and program evaluations. As such, it serves as a valuable resource for those concerned with monitoring and addressing the epidemic.

The trend in reduction in the number of deaths from AIDS seen over the past few years in New York and across the nation continues. Many people living with HIV and AIDS continue to benefit from new pharmaceuticals and treatments, living longer, healthier lives. The decrease in HIV infection among women of childbearing age and newborns also continues. This is the good news.

The decline in AIDS cases and deaths can be attributed in part to the wide range of innovative health care and supportive services for people living with HIV, put into place in New York over the past eighteen years. These services were developed through the creative use of state, local, federal and private funding and with a unique collaboration among government, health and community providers, and affected communities.

In 1998, legislation requiring a system of HIV/AIDS surveillance was passed; this system was implemented on June 1, 2000. With the availability of HIV surveillance data, the epidemiological focus will shift from AIDS to HIV, providing a much more current profile of the HIV epidemic in New York State. The next issue of *AIDS in New York State* will highlight these new HIV data. An interim report on HIV surveillance data is anticipated to be published in 2002.

There is still much work to be done. The HIV/AIDS epidemic in New York State continues to disproportionately impact communities of color, particularly African Americans and Latinos. Young adults continue to be diagnosed with AIDS in their twenties, indicating probable infection during their teen years. In some populations, young women have higher infection rates than men.

All those who work in and are affected by HIV/AIDS and public health will want to keep informed about these and other trends in the epidemic. *AIDS in New York State* is a key resource for all people interested in monitoring the epidemic.

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HIV INFECTION IN NEW YORK STATE

Due to the extended incubation period between HIV infection and clinical illness, AIDS cases can reflect HIV transmission patterns that occurred a decade or more ago. To gain more complete and timely data on the prevalence of HIV infection among New York's citizens, the New York State Department of Health monitors HIV prevalence in several ways:

Unlinked HIV Seroprevalence Studies

Unlinked HIV seroprevalence studies test leftover blood specimens, originally drawn for routine diagnostic tests, for HIV antibodies, after all other testing has been completed and all personal identifying information has been removed from the specimen. The seroprevalence studies are performed exclusively for epidemiologic purposes and the test results cannot be linked back to the individual from whom the specimen was originally drawn. This type of study reduces the selection bias that occurs when people volunteer to be tested. Data on demographic characteristics, clinical conditions and risk behaviors are obtained from the client's charts prior to the blinding and testing of the specimen. However, since clients are not interviewed, data on risk behavior is often very limited. A wide variety of sites have been studied using this methodology, including sexually transmitted disease (STD) clinics, substance abuse treatment clinics, adolescent clinics, homeless youth clinics and prison intake centers.

Much of this section of AIDS in New York has been modified from previous editions to provide more information on trends in HIV prevalence during the last several years. Keep in mind when reviewing the following charts and graphs, that while most of the charts indicate a decline in **prevalence** over the years, this does **not** necessarily mean that the rate of new infections **(incidence)** has also dropped. For example, the rate of new infections in a population may remain stable, while the number of infected people sampled in a study may decline. An example of this occurring is when a new facility, devoted to persons with specific risk activities, opens and draws clients away from a survey clinic, thus lowering the prevalence seen in the survey clinic. Conversely, an increase in prevalence does not necessarily indicate an increase in the number of new infections. With more HIV infected individuals receiving treatment and living longer, prevalent cases may be encountered during the course of a study, without any new infections having occurred.

Data from unlinked HIV seroprevalence studies conducted by the New York City Department of Health, Office of AIDS Research is available directly from that office. The publication *HIV Seroprevalence Update* is available on the web at http://www.ci.nyc.ny.us/html/doh/home.html, or by contacting the New York City Department of Health, Bureau of Disease Intervention Services, Office of AIDS Research/HIV Serosurveys, 346 Broadway, New York, NY 10013.

Voluntary and Anonymous Counseling and Testing Data

The Department of Health monitors the results of people voluntarily seeking HIV testing through confidential and anonymous counseling and testing sites, medical clinics, private physicians' offices, prisons and drug treatment programs.

National Seroprevalence Studies that include New York State Residents

The Department of Defense and the Job Corps test new applicants for HIV and have made their prevalence data available without identifying information.

Caveats

There are several caveats that should be considered when interpreting the HIV prevalence data:

- Sampling bias cannot be eliminated. For example, the HIV prevalence among females attending an upstate STD clinic cannot be generalized to all females in areas outside of New York City, as those who attended the clinic may be more likely to be at risk for HIV infection. Even prevalence studies of

entire populations must be interpreted with care. The results from the Survey of Childbearing Women, for example, cannot be generalized to other reproductive-age women, because they represent only women carrying pregnancies to term. Similarly, the results from the military survey cannot be generalized to all young adults because those engaging in certain risk behaviors may not apply for military service and, therefore, may "self-select" out of the sample.

- In certain instances the number of individuals with specific characteristics may be too small to permit meaningful interpretations, or to maintain confidentiality of those tested. In these instances, groups or categories may be combined to create new categories, often termed "other/unknown". A specific example of this is with regards to Asian/Pacific Islanders and Native American/Alaskan Natives. When possible, data for these groups have been provided. However, in some prevalence studies, the small number of individuals tested has prohibited release of this information.
- When reading and interpreting tables it is important to remember that results obtained from larger studies can be used with more confidence than those generated from a study with a smaller number of participants. To highlight study sizes, HIV prevalence data in this year's publication is provided in tables that correspond to the graphs. Please be sure to read the tables that accompany the graph. Note the study size on each table (number tested) and the scale on the x-axis of each graph. Remember to generalize only to the population from which the sample was drawn.

Prevalence of HIV infection within the groups studied in New York State varied significantly in 1999, from 23 percent among clients of New York City methadone maintenance treatment programs to 0.14 percent among women giving birth in areas outside New York City.

Overall, these data demonstrate a high correlation between injecting drug use and HIV infection in both men and women. Prevalence of HIV infection is also elevated among men and women who are being treated for other STDs. In general, the prevalence of HIV infection is consistently higher among residents of New York City compared with the rest of the state, and is highest in people between the ages of 20 and 49, and among blacks and Hispanics.